

DATE RECEIVED: \_\_\_\_\_

COMPLAINT NO.: \_\_\_\_\_

## KENTUCKY BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY Complaint Form

### Person Filing Complaint

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (     ) \_\_\_\_\_ Evening Telephone: (     ) \_\_\_\_\_

### Client Information

(if different from person filing complaint)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (     ) \_\_\_\_\_ Evening Telephone: (     ) \_\_\_\_\_

Relationship to person filing complaint: \_\_\_\_\_

### Name of Licensed Speech-Language Pathologist or Audiologist

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (     ) \_\_\_\_\_

### Name and phone number of persons who may provide additional information

1. Name \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Type of Information \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Type of Information \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Type of Information \_\_\_\_\_

4. Name \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Type of Information \_\_\_\_\_

### Brief Summary of Complaint

(Please be as specific as possible regarding names, dates locations, and actions which you believe to be improper, unethical or unprofessional.)

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Send to: KENTUCKY BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
ATTN: COMPLAINT PROCESSING Phone: (502) 564-3296  
PO BOX 1360 Fax: (502) 564-4818  
FRANKFORT KY 40602-1360